URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 13 1960

-60-031153

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Register's No. 135

1. PLACE OF DEATH
a. COUNTY Laclede

2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon, Missouri — Length of stay in Hospital 9 hrs.

c. CITY OR TOWN Richland, Missouri — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) None. — Inside an Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Jared Last Noe.

4. DATE OF DEATH Month September Day 4 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/23/1874

9. AGE (last birthday) 85

If UNDER 1 YEAR: Months Days

If UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Iowa.

12. CITIZEN OF WHAT COUNTRY U.S.A.

12a. FATHER'S NAME Jared Noe.

12b. MOTHER'S MAIDEN NAME Rebecca Merrill.

14. NAME OF HUSBAND OR WIFE Bessie W. Noe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT Mr James R. Noe Richland, Mo. R. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH 7 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Parkinsons disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 59 to 3 Sept 60 and last saw him alive on 3 Sept 60

Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Owen L. Weed (Degree or title) M.D.

22b. ADDRESS Richland, Missouri

22c. DATE SIGNED 9/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/7/60

23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery

23d. LOCATION (City, town, or county) (State) Richland, Missouri

24. FUNERAL DIRECTOR Hodges Funeral Home ADDRESS Richland, Mo

25. DATE REC'D BY LOCAL REG. 9-6-1960

26. REGISTRAR'S SIGNATURE Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ENDED

APR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Thoss

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.